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CONFIRMATION NO. 1736

<b>SERIAL NUMBER</b> 09/890,479	<b>FILING OR 371(c) DATE</b> 02/08/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> ZIEL1100US
<b>APPLICANTS</b> Jan E. Zielinski, Vista, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US00/01923 01/26/2000 which claims benefit of 60/117,567 01/27/1999 and claims benefit of 60/118,198 02/01/1999				
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 18  <b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> Lisa A Haile Gray Cary Ware Freidenrich 4365 Executive Drive Suite 1100 San Diego ,CA 92121				
<b>TITLE</b> HESPERITIN PRO-FORMS WITH ENHANCED BIOAVAILABILITY				
<b>FILING FEE RECEIVED</b> 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	